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JAN 25 2010

Mo Oil & Gas Council

NOTICE TO CANCEL PERMIT APPLICATION

TO THE MISSOURI OIL AND GAS COUNCIL:

Please print

Company Name: Osborn Energy LLC

Lease Name: KN1BB

Well Number: 24-44-32

Permit Number: 26740

County: Cass

The above stated well has not been drilled and requires no remedial or plugging actions as required by the Missouri Oil and Gas Council Rules and Regulations.

I, the undersigned, state that I (your name & title) Curstin Hamblin of
(company) Osborn Energy, LLC, am
authorized to make this report; and that this report was prepared under my supervision
and direction and the facts stated herein are true, correct, and complete to the best of my
knowledge.

Signature: Curstin Hamblin

Date: 1-22-10



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL

RECEIVED FORM OGC-3

DEC 15 2003

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

☒ APPLICATION TO DRILL ☐ DEEPEN ☐ PLUG BACK ☐ FOR AN OIL WELL ☒ OR GAS WELL

NAME OF COMPANY OR OPERATOR Osborn Energy, LLC		DATE 4 December 2003	
ADDRESS 24850 Farley Street	CITY Bucyrus	STATE KS	ZIP CODE 66013

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE McKee	WELL NUMBER 24-2-44-32	ELEVATION (GROUND) 880
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WELL LOCATION (GIVE FOOTAGE FROM SECTION LINE)
3300' FT. FROM (N) (S) SECTION LINE **660'** FEET FROM (E) (W) SECTION LINE

WELL LOCATION SECTION 2	TOWNSHIP 44N	RANGE 32W	COUNTY Cass
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NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE **933** FEET

DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED — FOR WELL ON THE SAME LEASE _____ FEET

PROPOSED DEPTH 600'	DRILLING CONTRACTOR, NAME AND ADDRESS Susie Glaze dba Glaze Drilling Co. 22139 S. Victory Rd, Spg. Hill, KS 66083	ROTARY OR CABLE TOOLS Rotary	APPROX. DATE WORK WILL START 12/11/03
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NUMBER OF ACRES IN LEASE 685	NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 1
NUMBER OF ABANDONED WELLS ON LEASE _____	

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME New lease from landowner ADDRESS _____	NO. OF WELLS: PRODUCING 0 INJECTION 0 INACTIVE 0 ABANDONED 0
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STATUS OF BOND <input type="checkbox"/> SINGLE WELL AMOUNT \$ _____	<input checked="" type="checkbox"/> BLANKET BOND AMOUNT \$ 30,000	<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
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REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING ZONE AND EXPECTED NEW PRODUCING ZONE; USE BACK OF FORM IF NEEDED.)

PROPOSED CASING PROGRAM				APPROVED CASING — TO BE FILLED IN BY STATE GEOLOGIST			
AMOUNT	SIZE	WT/FT	CEM.	AMOUNT	SIZE	WT/FT	CEM.
20'	8 5/8"	28.00	20' to Surface				
600'	5 1/2"	15.50	600' to Surface				

I, the undersigned, state that I am the **Mgn. of Drilling Operations/Geologist** of the **Osborn Energy, LLC** (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.

SIGNATURE *[Signature]* DATE **12/4/03**

PERMIT NUMBER 20740	<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED	<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN
APPROVAL DATE 12-5-03	<input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN	<input checked="" type="checkbox"/> DRILL STEM TEST INFO. REQUIRED IF RUN
APPROVED BY <i>[Signature]</i>	<input type="checkbox"/> SAMPLES REQUIRED	
	<input type="checkbox"/> SAMPLES NOT REQUIRED	
	<input type="checkbox"/> WATER SAMPLES REQUIRED AT _____	

NOTE ► THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION

APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE.

I _____ of the _____ Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.

DRILLER'S SIGNATURE	DATE
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I _____ of the _____
Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit
will be shown on this form by presence of a permit number and signature of authorized Council representative.

DRILLER'S SIGNATURE

DATE



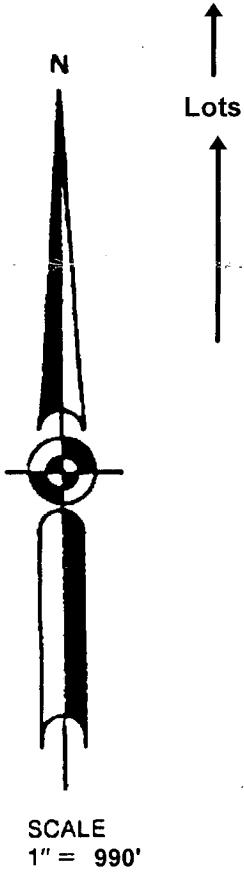
MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
WELL LOCATION PLAT

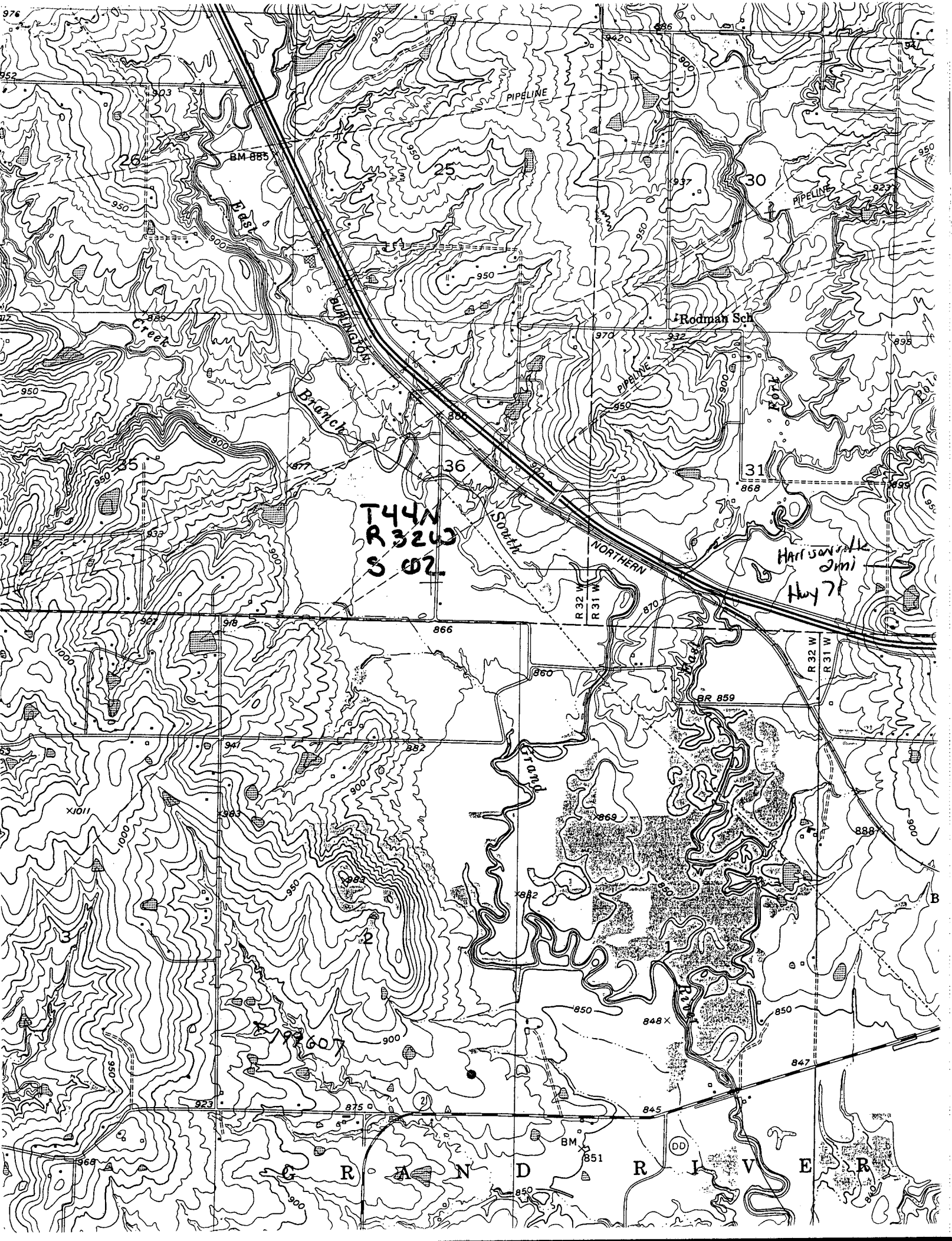
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FORM OGC-4

MO Oil & Gas Council

OWNER Osborn Energy, LLC		(OGC #20740)	
LEASE NAME McKee (Well #24-2-4432)		COUNTY Cass	
3300 FEET FROM <u>S</u> SECTION LINE AND 660 FEET FROM <u>E</u> SECTION LINE OF SEC. <u>2</u> , TWP <u>44</u> N, RANGE <u>32</u> W (N) - (S) (E) - (W)			
	<p>Note: Elongated "correction" section</p> <p>East Sect. Line</p> <p>Well location</p> <p>660'</p> <p>Nearest lease or boundry line, 933'</p> <p>NW cor. or SE/4</p> <p>Highway 2</p> <p>NE cor. of SE/4</p> <p>3300'</p> <p>South Center Line of Sect</p> <p>South Sect. Line</p> <p>SE cor. of Sect.</p>		
	REMARKS (12-9-2003) Location "surveyed" in with GPS by Mr. Matthew Parker with the Missouri Dept. of Natural Resources Landowner: Weymeth Knibb, 23602 E. 321st Street, Harrisonville, MO 64701		
INSTRUCTIONS On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.		This is to Certify that I have executed a survey to accurately locate oil and gas wells in accordance with 10 CSR 50-2.030 and that the results are correctly shown on the above plat. (SEAL)	
REMIT TWO (2) COPIES TO: MISSOURI OIL AND GAS COUNCIL P.O. BOX 250, ROLLA, MO 65401		REGISTERED LAND SURVEYOR	NUMBER



T44N
R32W
S02

Rodman Sch

Harrison's 2mi
Hwy 71

R A N D R I V E R

Claritin® Reditabs™

10 mg (loratadine rapidly-disintegrating tablets)

Claritin® Syrup

(loratadine) 10 mg per 10 mL

R E C E I V E D

DEC 15 2003

Matt,

MO Oil & Gas Council

Sorry about the mix-up.

Here is the "correct"

OGC - 3 & 4 Forms for the
McKee - Thought was Knibb.

Thanks!

Re R. Arnold